

Health Home Learning Collaborative

The Lead Entity Role Working Collaboratively to Deliver Whole-Person Care

October 2020

Logistics

- Mute your line
- Do not put us on hold
- We expect attendance and engagement
- Type questions in the chat as you think of them and we will address them at the end.



This training is a collaborative effort between the Managed Care Organizations and Iowa Medicaid Enterprise

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AGENDA

1.	Introductions	
2.	Work in the Managed Care Era	Emma Badgley, AGP
3.	Lead Entity Responsibilities	Bill Ocker, Iowa Total Care
4.	Collaboration between MCOs and HHs	Bill Ocker, Iowa Total Care
5.	Open Discussion	All
	Coming up:	
	 December 21 2020-Quality Improvement 	



Learning Objectives

- Health Homes understand the roles and responsibility of the Lead Entity (MCOs)
- Health Homes will have a clear picture of what kind of support to expect from the Lead Entity
- Health Homes know what resources are available from the Lead Entity



SOCIAL WORK IN THE MANAGED CARE ERA



Social Work and Managed Care

- Scholarly article by Gila M. Acker and Dorothea Lawrence from York College of the City University of New York.
- 2009 publication in the Journal of Social Work
- Quantitative Study



Summary

- Findings from a study that illuminates the 'sense of competence' of those providing services under managed care.
- 140 social workers completed questionnaires about the relationship between self-perceived competence and outcome variables including burnout and stress.



Role Responsibilities

- The impact of role responsibilities and incompatible expectations
- Frequent organizational change, changes in regulations and increased focus on outpatient care and community integration can all create stress
- New skills required



Role Responsibilities

- Social Support at the workplace is positively correlated with self-perceived competence
- The MCO and HH, not the MCO vs. HH
- The role of the Lead Entity as a support, coach, advocate for the Health Home and what this means



Burnout and it's Impact

- Linked to serious inadequacies in workers' job performance which include depersonalization of clients, job dissatisfaction, lack of professional efficacy and turnover.
- Supervision and other opportunities for professional development are not always readily available



Findings

 Social workers who felt competent in their abilities to navigate relationships in a managed care environment also reported lower levels of stress and burnout.





LEAD ENTITY TASKS

WHAT ARE THEY AND HOW ARE THEY ACCOMPLISHED

- Identify providers who meet the standards of participation as an HH
- What this means?
 - Work with Provider Relations to ensure there is a network for coverage.
 - Work with IME and Contracting to ensure all standards are met to provide Health Home Services.



- Assess the HH and physical health provider capacity to provide integrated care
- What this means?
 - Work with Provider Relations to ensure coverage and adequate provider network.
 - Work with IME and Contracting to ensure all standards are met to provide Health Home Services.



- Educate and support providers to deliver integrated care
- What this means?
 - Provide trainings via learning collaborative while partnering with lowa Total Care, Amerigroup and IME.
 - Provide trainings via open office hours calls (lowa Total Care, Amerigroup, and IME)
 - Work with Provider Relations and other departments such as Quality to ensure information that is available is able to be used for integrated care.



- Provide oversight and technical support for HH providers to coordinate with primary care physical providers
- What this means?
 - lowa Total Care portal provides medications and authorizations of any hospital stays.
 - lowa Total Care portal also provides care gaps along with any high risk diagnosis.
 - Amerigroup Patient360
 - Amerigroup Practice Transformation



- Provide infrastructure and tools to HH providers and primary care physical providers for coordination
- What this means?
 - ITC provides tools such as value added services and both mental and physical health care screenings.



- Provide tools for HH providers to assess and customize care coordination based on the physical/behavioral health risk level of the member
- What this means?
 - ITC provides in the portal the Health Risk Screener
 - Amerigroup Chronic Illness Intensity Index Score (CI3)



- Perform data analytics on personal, medical and pharmacy data to identify patterns of care, as well as track, and close gaps in care member level and program wide
- What this means?
 - MCOs will provide Pay for Performance score cards as well as gaps in care.
 - MCOs also provide information such as pharmacy in their respective portals.



- Provide outcome tools and measurement protocols to assess HH concept effectiveness
- What this means?
 - ITC and Amerigroup work together on Pay for Performance outcomes.
 - Provide score cards along with gaps in care.
 - lowa Total Care, Amerigroup and IME preform audits to support HH effectiveness.



- Provide clinical guidelines and other decision support tools
- What this means?
 - ITC is working on a guide for UM with Habilitation and CMH Wavier.
 - https://providers.amerigroup.com/ProviderDoc uments/IAIA CAID HabilitationUtilizationMan agementGuidelines.pdf



- Provide a repository for member data including claims, laboratory and CCD data whenever possible
- What this means?
 - This information can be obtained in the ITC Portal.
 - Amerigroup Patient360



- Support providers to share data including Continuity of Care Document (CCD) or other data from electronic medical records
- What this means?
 - lowa Total Care and Amerigroup provide portals for this information and have and will provide training.



- Develop and offer learning activities which will support providers of Health Home services
- What this means?
 - Provide trainings via learning collaborative while partnering with lowa Total Care, Amerigroup and IME.
 - Provide trainings via open office hours calls (Iowa Total Care, Amerigroup, and IME)
 - Work with Provider Relations and other departments such as Quality to ensure information that is available is able to be used for integrated care.



- Provider reimbursement
- What this means?
 - MCOs will work with Utilization Management and Claims department to deal with any issues as it relates to reimbursement.



- Offer Performance Measures Program which may include incentives
- What this means?
 - ITC and Amerigroup work together on Pay for Performance outcomes.
 - Provide score cards along with gaps in care.
 - lowa Total Care, Amerigroup and IME preform audits to support HH effectiveness.



- Identify and enroll members to Health Homes
- What this means?
 - ITC and Amerigroup uses data and interdepartmental meetings to identify potential members for Health Homes.
 - Various referral sources within the health plan through case management, utilization management and member data



Resources for Additional Support



Amerigroup

- Amerigroup provides case management for eligible members. We identify possible members for case management through our internal referral processes, from providers, and when a member or their caregiver requests case management.
- The case manager can help with:
 - Assessing the member's health care needs
 - Giving the member and their family the information and training needed to make informed decisions and choices
 - Give providers information they need about any changes in your health to help them in planning, delivering and monitoring services



Amerigroup

- As the Integrated Health Home, you are the lead case management entity for all enrolled members. However, we recognize that there are times where you resources have been exhausted, as short term assistance may be necessary. MCO case management cannot take the place of the IHH Case Management, meaning that the overall case management responsibility continues to be with the Health Home.
- If and when there are instances where additional support may be necessary, the member and/or their guardian can call Amerigroup's Member Services phone number at 1-800-600-4441, or email IAICM@amerigroup.com. Be sure to include the member's information, and the specific reason for the case management request.
- Many questions can be answered that do not need full case management assistance. In those situations, email IA-HealthHome@amerigroup.com, and a member of the Health Home team will respond.



Iowa Total Care Outreach

- Bi-weekly Behavioral Health Rounds
- Court Ordered Rounds
 - High utilizers
 - Rapid readmission
 - Long length of stay
 - Discharge barriers



Iowa Total Care Outreach

- Reach out via email to Health Homes to gather information to help support the member.
- Report back to the team during rounds to exchange information between teams.
- Example, waiting on funding.



Discharge Planning

- Discharge planning- When placement issues become a barrier for successful discharge planning email Lori.A.Baker@iowatotalcare.com and Bill.J.Ocker@iowatotalcare.com
 - Provide list of resources for care coordinator
 - Support for additional resources to support providers with successful placement
 - iTABS
 - iStart



Discharge Planning

- ITC will work with Health Home to review crisis plan specific to member
 - Has member utilized crisis stabilization?
 - Utilized services on Person-Centered Care Plan.



Resources

- Developing Provider List
 - Monitor Openings of providers
 - 24 Hour
 - -RCF
 - Sex Offenders
 - Behavioral
 - Legal Issues



What does good collaboration look and feel like?

- Exceptional Health Care is facilitated by a collaborative approach between many different professionals and their clients/members.
- The partnership between payers, providers, patient, and their families in shared decision making, coordination, and cooperation has been defined as inter-professional collaborative practice.



Questions?



Open Discussion



Thank you!

